



MISSOURI DEPARTMENT OF SOCIAL SERVICES
CHILDREN'S DIVISION
FOSTER/ADOPT HOME ASSESSMENT APPLICATION

PRIMARY INTEREST

- ☐ FOSTERING
☐ ADOPTING

PLEASE COMPLETE ALL SPACES ACCURATELY AND COMPLETELY.
APPLICATION DOES NOT PLACE YOU UNDER ANY OBLIGATION TO CHILDREN'S DIVISION.

I. APPLICANT(S)

APPLICANT 1				APPLICANT 2			
NAME LAST, FIRST, M.I., MAIDEN				NAME LAST, FIRST, M.I., MAIDEN			
BIRTH DATE		BIRTHPLACE		BIRTH DATE		BIRTHPLACE	
SEX		RACE		SEX		RACE	
		CHURCH AFFILIATION				CHURCH AFFILIATION	
LAST SCHOOL GRADE ATTENDED		COLLEGE DEGREE/MAJOR		LAST SCHOOL GRADE ATTENDED		COLLEGE DEGREE/MAJOR	
NAME/PLACE OF LAST SCHOOL				NAME/PLACE OF LAST SCHOOL			
OCCUPATION		DATE EMPLOYED (PRESENT JOB)		OCCUPATION		DATE EMPLOYED (PRESENT JOB)	
WORKING HOURS		WORK TELEPHONE		WORKING HOURS		WORK TELEPHONE	
MILITARY SERVICE <input type="checkbox"/> YES <input type="checkbox"/> NO		RANK		MILITARY SERVICE <input type="checkbox"/> YES <input type="checkbox"/> NO		RANK	
TYPE OF DISCHARGE		DATE		TYPE OF DISCHARGE		DATE	

II. HOUSEHOLD COMPOSITION

COMPLETE FOR EVERYONE LIVING IN THE HOME UNLESS LISTED ABOVE. ATTACH ADDITIONAL PAGES, IF NECESSARY.

NAME	BIRTH DATE	RELATIONSHIP	SCHOOL/EMPLOYER	GRADE/TIME EMPLOYED

COMPLETE FOR ALL CHILDREN NOT LIVING IN THE HOME. ATTACH ADDITIONAL PAGES IF NECESSARY.

NAME	BIRTH DATE	RELATIONSHIP	ADDRESS	PHONE

III. ADDRESS

COUNTY OF RESIDENCE	HOME TELEPHONE NUMBER
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HOME ADDRESS (STREET, CITY, STATE, ZIP CODE)

TYPE OF HOME

☐ SINGLE FAMILY
ROOMS

☐ MULTI-FAMILY

☐ APARTMENT

☐ NUMBER OF BEDROOMS

☐ NUMBER OF

DIRECTIONS TO YOUR HOME

IV. REFERENCES

LIST 5 (FIVE) PEOPLE WHO KNOW YOU WELL. INCLUDE 3 NON-RELATIVES AND 2 RELATIVES

NAME	ADDRESS	CITY, STATE	ZIP CODE	PHONE

V. SUPPLEMENTAL INFORMATION

GIVE NAME OF ADOPTIVE CHILD(REN), DATE AND LOCATION OF ADOPTION(S) COMPLETED.

NAME	DATE	CITY, STATE

Have you previously applied to this agency? ☐ YES ☐ NO
Result of application

Name other agencies to which you have applied to foster or adopt.

Result of application(s)

Have you had Foster or Adoptive placements through this or another agency? ☐ YES ☐ NO

Name of agency through whom you provide foster care or adopted.

Have you previously been studied in regard to a child custody (divorce) matter? ☐ YES ☐ NO

If yes, where and for whom?

Why do you wish to foster or adopt a child?

Child(ren) desired: Age Range Sex Number

Would you be willing to accept a child of a race/ethnicity/culture other than your own? ☐ YES ☐ NO

Would you be willing to accept teenaged children and sibling groups? ☐ YES ☐ NO

Would you be willing to accept a child from a different religious background than your own and allow that child to practice his/her own religious beliefs?
☐ YES ☐ NO

What are your family's religious practices?

Would you be willing to participate in the development and implementation of a treatment plan designed to provide permanency for a child?
☐ YES ☐ NO

Are you willing to participate in training sessions designed to increase your knowledge about foster/adoptive children?
☐ YES ☐ NO

Are you willing to work closely with the parents of a foster child toward reunification?
☐ YES ☐ NO

DO YOU UNDERSTAND THE FOLLOWING:

IF YES, PLACE "Y" IN THE BOX PROVIDED, IF NO, PLACE "N". IF YOU NEED MORE INFORMATION ABOUT THIS TOPIC, PLACE AN "M" IN THE BOX.

	THE DIFFERENCE BETWEEN FOSTER CARE AND ADOPTION?
	THAT A FOSTER CHILD'S HISTORY IS CONFIDENTIAL?
	THAT FOSTER PARENTS ARE RESPONSIBLE FOR THE DAY-TO-DAY CARE OF FOSTER CHILDREN?
	THAT FOSTER PARENTS ARE EXPECTED TO BE PARTICIPATING MEMBERS OF THE FAMILY SUPPORT TEAM?
	THAT FOSTER PARENTS ARE EXPECTED TO WORK WITH BIRTH FAMILIES ON REUNIFICATION OF CHILDREN?
	THAT FOSTER CARE DOES NOT AUTOMATICALLY LEAD TO ADOPTION?
	THAT LICENSING AS A FOSTER HOME DOES NOT GUARANTEE PLACEMENT OF A CHILD?
	THAT APPROVAL AS AN ADOPTIVE HOME DOES NOT GUARANTEE PLACEMENT OF A CHILD?

VI. MARITAL STATUS AND HISTORY

MARITAL STATUS:

☐ SINGLE ☐ SEPARATED ☐ MARRIED ☐ DIVORCED ☐ WIDOWED ☐ CO-HABITATING

FORMER MARRIAGE(S), IF APPLICABLE (ATTACH ADDITIONAL PAGES IF NECESSARY)

APPLICANT 1 <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> CO-HABITATING			APPLICANT 2 <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> CO-HABITATING		
FORMER SPOUSE'S NAME			FORMER SPOUSE'S NAME		
DATE OF MARRIAGE	DATE OF DIVORCE	DATE OF DEATH	DATE OF MARRIAGE	DATE OF DIVORCE	DATE OF DEATH

PRESENT MARRIAGE, IF APPLICABLE

DATE OF MARRIAGE	PLACE OF MARRIAGE
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HAVE THERE BEEN ANY SEPARATIONS DURING THIS MARRIAGE? ☐ YES ☐ NO
IF YES, WHEN & HOW LONG?

LIST EVERY STATE THAT EACH HOUSEHOLD MEMBER 17 YEARS OF AGE AND OLDER HAS LIVED IN SINCE 17 YEARS OF AGE

APPLICANT 1

APPLICANT 2

OTHER HOUSEHOLD MEMBERS

VII. FINANCIAL INFORMATION

A. TOTAL MONTHLY INCOME

B. TOTAL AVERAGE MONTHLY EXPENSES

VIII. LEGAL HISTORY

HAS ANYONE LIVING IN YOUR HOME EVER BEEN ARRESTED AND CONVICTED OF ANY LAW VIOLATION, OTHER THAN MINOR TRAFFIC OFFENSES?

IF, SO PLEASE GIVE HISTORY OF ARRESTS, CONVICTIONS, CIVIL JUDGMENTS AND PENDING CIVIL ACTIONS FOR ALL HOUSEHOLD MEMBERS AGE 17 AND OLDER OR ANY PERSON UNDER THE AGE OF 17 WHO HAS BEEN CERTIFIED AS AN ADULT.

IX. CHILD ABUSE AND NEGLECT HISTORY

PLEASE LIST THE INVOLVEMENT OF ANY HOUSEHOLD MEMBER, AGE 17 OR OLDER, WITH THE CHILDREN'S DIVISION OR OTHER CHILD PROTECTION AGENCY (LIST THE TYPE OF AGENCY, WHERE AND WHY THE HOUSEHOLD MEMBER WAS INVOLVED WITH THE AGENCY)

X. HEALTH

DESCRIBE THE PRESENT HEALTH OF ALL HOUSEHOLD MEMBERS (PLEASE INCLUDE MEDICATIONS, HANDICAPS, MEDICAL CONDITIONS AND MENTAL DISORDERS):

I UNDERSTAND THAT THE COMPLETION/ SUBMISSION OF THIS APPLICATION DOES NOT GUARANTEE ACCEPTANCE INTO THE FOSTER/ADOPT PROGRAM.

I UNDERSTAND THAT MY SIGNATURE ON THIS APPLICATION GIVES THE CHILDREN'S DIVISION THE RIGHT TO CONTACT ANY INDIVIDUAL OR AGENCY WHO MAY HAVE INFORMATION REGARDING MY SUITABILITY FOR FOSTER/RELATIVE/KINSHIP/ADOPTIVE PARENTING. I ALSO AUTHORIZE THE CHILDREN'S DIVISION TO COMPLETE CHILD ABUSE AND NEGLECT AND CRIMINAL BACKGROUND CHECKS FOR THE PURPOSE OF DETERMINING SUITABILITY FOR FOSTER/RELATIVE/KINSHIP/ADOPTIVE PARENTING. MY SIGNATURE ALSO CERTIFIES THAT INFORMATION THAT I PROVIDE TO THE DIVISION IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.

I FURTHER UNDERSTAND THAT THE FOSTER PARENT LICENSURE APPLICATION PROCESS AND SUBSEQUENT RELATED ACTIVITY IS A PUBLIC RECORD AND WILL BE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. I FURTHER UNDERSTAND THAT SOME INFORMATION FROM THIS APPLICATION AND SUBSEQUENT RELATED ACTIVITY MAY BE SHARED WITH PARENTS AND OTHER PARTIES INVOLVED IN THE PLACEMENT DECISIONS FOR CHILDREN IN DIVISION CUSTODY. SOME OF THE INFORMATION CONTAINED IN THIS APPLICATION CAN NOT BE RELEASED WITHOUT MY WRITTEN PERMISSION OR A COURT ORDER.

APPLICANT SIGNATURE



SOCIAL SECURITY NUMBER

DATE SIGNED

APPLICANT SIGNATURE



SOCIAL SECURITY NUMBER

DATE SIGNED

PLEASE ATTACH A PHOTOGRAPH (IF YOU HAVE ONE) OF ALL FAMILY MEMBERS STANDING IN FRONT OF YOUR HOME.

THANK YOU FOR YOUR APPLICATION AND YOUR INTEREST IN OUR PROGRAMS.